

1020 Hockley St/PTO 07 OCT 2009

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Title::	IMMUNOGENIC RECOMBINANT ANTIBODY
Attorney Docket Number::	4518-0111PUS1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	Yes
Petition Included?::	Yes

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Hans
Middle Name::	
Family Name::	Loibner
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Heimgasse 23
City of mailing address::	Vienna
State or Province of mailing address::	
Country of mailing address::	Austria

Postal or Zip Code of mailing address:: A-1238

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Gottfried
Middle Name::
Family Name:: Himmler
City of Residence:: Vienna
State or Province of Residence::
Country of Residence:: Austria
Street of mailing address:: Colloredogasse 29
City of mailing address:: Vienna
State or Province of mailing address::
Country of mailing address:: Austria
Postal or Zip Code of mailing address:: A-1180

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Gunter
Middle Name::
Family Name:: Waxenecker
City of Residence:: Mank
State or Province of Residence::
Country of Residence:: Austria
Street of mailing address:: Loitzbach 8
City of mailing address:: Mank
State or Province of mailing address::
Country of mailing address:: Austria
Postal or Zip Code of mailing address:: A-3240

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Manfred
Middle Name::
Family Name:: Schuster
City of Residence:: Schrick
State or Province of Residence::
Country of Residence:: Austria
Street of mailing address:: Josef Weilandstrasse 84
City of mailing address:: Schrick
State or Province of mailing address::
Country of mailing address:: Austria
Postal or Zip Code of mailing address:: A-2191

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Austria
Status:: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Putz
City of Residence:: Innsbruck
State or Province of Residence::
Country of Residence:: Austria
Street of mailing address:: Mentlgasse 7/42
City of mailing address:: Innsbruck
State or Province of mailing address::
Country of mailing address:: Austria
Postal or Zip Code of mailing address:: A-6020

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 02292

REPRESENTATIVE INFORMATION

Representative Customer Number::	02292
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP04/004059	04/16/04

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
Austria	A 599/2003	04/17/03	Yes

ASSIGNEE INFORMATION

Assignee Name:: Igeneon Krebs-Immuntherapie Forschungs-Und Entwicklungs-AG

Street of mailing address:: Brunner Strasse 59

Objekt 3

City of mailing address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1230